COMMONWEALTH OF PENNSYLVANIA COUNTY OF



CIVIL COMPLAINT

Mag. Dist. No:		PLAINTIFF:	NAME and ADDRESS
MDJ Name:		'	
Address:			
			ı
		DEFENDANT:	V. NAME and ADDRESS
Telephone:			$\overline{}$
	AMOUNT DATE PAID		
FILING COSTS	\$	_ I	
POSTAGE	\$		
SERVICE COSTS	\$	Docket No:	
CONSTABLE ED.	\$	_ Case Filed:	
TOTAL	\$	_	
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	. 206 sets forth those costs recoverable	· · · · · · · · · · · · · · · · · · ·	
To The Defendant	:: The above named plaintiff(s) asks judg upon the following claim (Civil fines m		together with costs
	upon the following claim (Civil lines in	idst include citation of the statute	or ordinarice violated).
l,		nat the facts set forth in this comp	
•	edge, information, and belief. This sta Pa.C.S. § 4904) related to unsworn falsi	-	enalties of Section 4904 of the
of Pennsylvania tl	ling complies with the provisions of the O hat require filing confidential information		
documents.			
		(Signature of Plair	ntiff or Authorized Agent)
The plaintiff's attorn	ney shall file an entry of appearance with the	, ,	,

Please see the attached Hearing Notice for important information about appearing at the hearing and the opportunity to file a complaint against the plaintiff if you have a claim. See Pa.R.Civ.P.M.D.J. 305.

If you have a claim against the plaintiff which is within the magisterial district judge jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five days before the date set for the hearing.

If you are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.